PRINTED: 07/16/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2897HIC 06/23/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3065 ACHILLES DR **DEL'S LOVING HOME CARE RENO. NV 89512** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments** This Statement of Deficiencies was generated as a result of State Licensure survey conducted in your facility on June 23, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. One resident file was reviewed and two employee files were reviewed. The following deficiencies were found: H 019 Director Duties-No FA/CPR H 019 NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on record review and staff interview on June 23, 2009, the director did not ensure that 1

cardiopulmonary resuscitation (CPR) and first aid

of 2 caregivers had received training in

trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at

all times when a resident is present.

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN2897HIC				B. WING		06/23/2009	
DEL'S LOVING HOME CARE			3065 ACHII RENO, NV		ATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE	
H 019	Continued From page 1			H 019			
	(Employee 2)						
H 020	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 5. Ensure that appropriate sanitary procedures are carried out for the handling, cleaning and storage of linens and personal laundry in the home. This Regulation is not met as evidenced by: Based on observation on June 23, 2009, the director did not ensure that appropriate sanitary procedures were carried out for the handling, cleaning and storage of linens and personal laundry in the home (Dryer vent hose broken).			H 020			
H 030	H 030 Safety&Sanitation-Home Clean; Hazard Free NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 1. The interior and exterior of a home must be clean and free of hazards and offensive odors.		е	H 030			
			oe e				
	Based on observation interior and exterior of and free of hazards a	ot met as evidenced by: n on June 23, 2009 the of the home was not cle and offensive odors ed and the stairway wal	an				
H 050	Tuberculosis-Employees			H 050			
		cal facilities, facilities fo es for individual residen					

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2-step Mantoux tuberculin skin test or other

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(Added to NAC by Bd. of Health, eff. 1-24-92; A

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.